

Moffett, William George Pension 1920-1929

Lot of 100 3739

**INVALID.** (Series *V*)  
 Cert. No. **1053669**

Name, *William G. Moffett*

Rank, *Pl. U.S. Eng.*; Service, *Co. 1st Battalion 14*

Agency: Original Roll: *Pittsburg*  
 Transf'd \_\_\_\_\_, 190 \_\_\_\_\_, to \_\_\_\_\_  
 " \_\_\_\_\_, 190 \_\_\_\_\_, to \_\_\_\_\_

1 *Original* Entered \_\_\_\_\_ Issue, Class, Fee, \$ \_\_\_\_\_  
 Issued \_\_\_\_\_, 190 *3*.  
 Mailed \_\_\_\_\_, 190 *3*.  
 Rate and Period, \$ *6.50*, from *Oct 17*, 190 *0*.

Deductions: \_\_\_\_\_  
 Disability: *Partial inability to earn support by manual labor*

2 Entered \_\_\_\_\_ Issue, Class, Fee, \$ \_\_\_\_\_  
 Issued *Nov. 5*, 190 *9*.  
 Mailed **NOV 6 1909**, 190 \_\_\_\_\_.  
 Rate and Period, \$ *1/2*, from *Oct. 20*, 190 *7*.

Act of Feb. 6, 1907  
 Deductions: *0 m 30* ✓  
 Disability: \_\_\_\_\_

3 *Rec'd* Entered \_\_\_\_\_ Issue, Class, Fee, \$ \_\_\_\_\_  
 Issued *Aug 19 1912*, 190 \_\_\_\_\_.  
 Mailed **AUG 20 1912**, 190 \_\_\_\_\_.  
 Rate and Period, \$ *1.50*, from *May 20 1912*.

Deductions: *0* ✓  
 Disability: \_\_\_\_\_  
 ACT OF MAY 11, 1912

4 *Rec'd* Entered \_\_\_\_\_ Issue, Class, Fee, \$ \_\_\_\_\_  
 Issued *Oct 28-1913*, 190 \_\_\_\_\_.  
 Mailed **OCT 29 1913**, 190 \_\_\_\_\_.  
 Rate and Period, \$ *18*, from *Oct 19 1913*.  
*2 \$24 " Oct 19 1917*  
*7 \$30 " Oct 19 1922*

Deductions: \_\_\_\_\_  
 Disability: \_\_\_\_\_  
 ACT OF MAY 11, 1912 ✓

**INDORSEMENTS.**  
*Am. 1/04, Atty. Posten and Clerk noty. Inc. Reg. 1919*  
*May 21/13. Claim as per copy 2/14*  
*July 15/13. Claim when May increase will be warranted.*  
*Slip drawn. CJA*

(166-25,000)

# DECLARATION FOR PENSION

Act of May 1, 1920

The Pension Certificate should not be forwarded with the Application

Read Carefully the Instructions on the Reverse Hereof

State of Pennsylvania, County of Lycoming, ss:

On this 19th day of September, 1924, before me, the undersigned, personally appeared William G. Moffett, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That he is 76 years of age; that he was born Oct. 19th, 1847, at Exchange, Montour Co., Pa.

That he is the identical William G. Moffett, who ENLISTED Oct. 6th, 1862, at Williamsport, Pa., under the name of William Moffett, in Co. G, 1st Battalion, 14th Regt. (Here state company and regiment, if in the Army; or vessel, if in the Navy.)

United States Infantry, and was honorably DISCHARGED Oct. 6th, 1865, at Hart's Island, N.Y. Harbor, having served the United States, in the Civil War. (State name of war, Civil or Mexican.)

That he also served \_\_\_\_\_ War. (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was not employed in the United States Military or Naval Service.

That his personal description at time of first enlistment was as follows: Height 5 feet 4 inches; complexion Fair; color of eyes Blue; color of hair Light; that his occupation was Farmer

That since leaving the service he has resided at Northumberland Co., Pa. for 16 years, since which time in Lycoming Co., Pa. at Williamsport and South Williamsport, and his occupation has been Stationary fireman, &c.

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since July 1st, 1920, on account of the following disabilities: Low blood pressure- Also catarth. (State in this space the nature of any and all disabilities.) Had an attack sometime in June, 1920, cannot remember exact date, when he became unconscious; hence claim is made from July 1, 1920, to make certain. Dr. Chas. Schneider, who attended him has since died.

That he has \_\_\_\_\_ applied for pension under Original No. \_\_\_\_\_; that he is \_\_\_\_\_ a pensioner under Certificate No. 1,053,669.

Two attesting witnesses:  
(1) J. H. Donaldson  
(Signature of first witness.)  
317 Pine St. Williamsport Pa.  
(Address of first witness.)  
(2) W. Luther Ackenbach  
(Signature of second witness.)  
317 Pine St. Williamsport Pa.  
(Address of second witness.)

William G. Moffett  
(Claimant's signature in full.)  
26 East Southern Ave.,  
(Claimant's address in full.)  
South Williamsport, Pa.

Subscribed and sworn to before me this 18th day of September, 1924, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ crased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Elbert A. Porter  
(Signature.)  
Notary Public,  
(Official character.)  
Williamsport, Pa.  
(Post-office address of officer.)

My commission expires Jan. 15, 1925.



Declaration accepted as a claim under Sec. 4, act of May 1, 1920. Chief, Law Div. Per 06

BE SURE TO STATE THE DATE FROM WHICH REGULAR AID AND ATTENDANCE HAS BEEN REQUIRED.

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.

164  
CONGRESSIONAL

Act Approved May 1, 1920.

DECLARATION FOR PENSION.

Number Cert. 1,023,669

Claimant William G. Moffatt

Service Co. G, 1st Battalion, 14th

Regt. U. S. Infy.

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920 because he requires the regular personal aid and attendance of another person.  
The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

FILED BY

John R. Shaw



Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

INSTRUCTIONS.

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

Compliance with these instructions will expedite the adjudication of the claim.

(Signature of claimant)

- No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: .....
- No. 2. When, where, and by whom were you married to your present wife? Answer: .....
- No. 3. What record of your marriage to her exists? Answer: .....
- No. 4. Were you previously married? Answer: ..... If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: .....
- No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. Answer: .....

Claimant should answer fully the following:

Hon. Edgar R. Kiess  
Moffett SEP 26 1924  
L

CONGRESSIONAL  
Quinton

3-1647

Act. of May 1, 1920

Cert. 105-3669

Name, William G. Moffett

Application filed Sep 22, 1924

Service, G-14, U.S. Inv

Sept 29 1924 let out car for evi shown  
in S.A. report from July 1, 1920  
W.G.M.

Oct. 13, 1924 Ex. HOME BD Trout Run,  
Pa. mcb.

Hon. Edgar R. Kiess Mff.

Nov 26 1924 let out letter for evi shown  
call of Sept 29, 1924 from Div. N.S.

PENDING FILES

# CERTIFICATE OF MEDICAL EXAMINATION

Insert number of claim.

No. 1053669

Date of examination October 23- 24

Name of claimant.

William G. Moffett  
28 East Southern Avenue

Address of Board.

Williamsport

Lycoming Co.  
Penna.

Claimant's post office address.

South Williamsport Pa.

Names of disabilities.

General aid and care.

He receives a pension of 50.00 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: **"Have been having attacks of vertigo or something that rendered me unconcious for some moments for several years"**

Birthplace, Montour Co. Pa.; age, 77 years; height, 5 81/2; weight, 150 pounds; complexion, Pale; color of eyes, Gray; color of hair, Gray; occupation, Laborer; permanent marks and scars other than those described below, None

It is hereby certified that upon examination the following objective conditions are found:

Pulse rate, 60 65 84; respiration, 18 19 23; temperature, 98.5

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

**Vertigo:- Alleges frequent attacks, which come on suddenly and without warning, for several years. They last for some time and for several moments he alleges he is unconcious. Patella reflexes are nearly lost. Cant stand with eyes closed. Some hyperaesthesia of left side from shoulder to foot. Pupils respond and are equal. Vision good for age. Hearing normal. walks unsteady and with the aid of a cane.**

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

**Hands unsteady with some slight tremor of fingers left hand. Wife or some one always with him. Rheumatism:- Right shoulder creaks, is painful, and limited 2/3. Left shoulder limited 1/2 creaks and is painful on motion. Wrists and ankles are stiff and creak but not limited. Finger joins are stiff and some enlarged. No lumbago. Knees creak, are painful when used and 1/4 limited. Ankles slightly swollen, painful, creak and limited 1/3. Cant raise right are to a right angle.**

Act June 5-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth, one-fourth, one-half, three-fourths, or total.

**Heart:- Action slow and weak. Pulse easily compressed and volumn small. Some cyanosis and dyspnoea but no oedema. Apex evident to palpation only and on nipple line two inches below nipple. Dull to nipple line with a mitral murmur. Alleges he is being treated with a for low blood pressure.**

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the Board must be stated. When not due to such habits, this fact must be stated.

**General Condition:- Nutrition fairly good. Tongue is clean. Skin and sclera not colored. Lips and conjunctiva are pale. Sensitive over liver but no enlargement. Some general tympany. Claimant can walk about and generally care for himself. Does require some assistance to put on his coats and general watching because of attacks of vertigo.**

§78 Cases: In every instance where aid and attendance is alleged, the Board will state (in so many words) whether the regular aid and attendance of another person is or is not required.

**This claimant is so disabled from vertigo, rheumatism and disease of heart as to require the daily attention of an other person and should be rated \$72.00 per month.**

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

XXXXXXXXXXXX, Pres. J. Fleming, Sec'y. XXXXXXXXXXXXXXX, Treas.

6-552a SURGEONS PARTICIPATING IN THE EXAMINATION MUST PERSONALLY SIGN THIS REPORT.

Marginal entries must never be made.

AN EXAMINATION MUST NOT BE MADE BY ONE MEMBER OF A BOARD EXCEPT UPON A SPECIAL ORDER OF THE COMMISSIONER OF PENSIONS

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_."

Witnesses to mark: \_\_\_\_\_ (Signature of Applicant.) \_\_\_\_\_

Act of May 1, 1920

HOME

Oct. 18, 1924

CERTIFICATE OF MEDICAL EXAMINATION

IN CASE OF

William G. Moffett

G 14 Reg't U. S. Inf't.

APPLICANT FOR Increase

Ctf. No. 1053669

DATE OF EXAMINATION:

October 23 1924.

XXXXXXXXXXXXX, Pres., BOARD, J. Blum, Sec'y, XXXXXXXXXXXXX, Treas.,

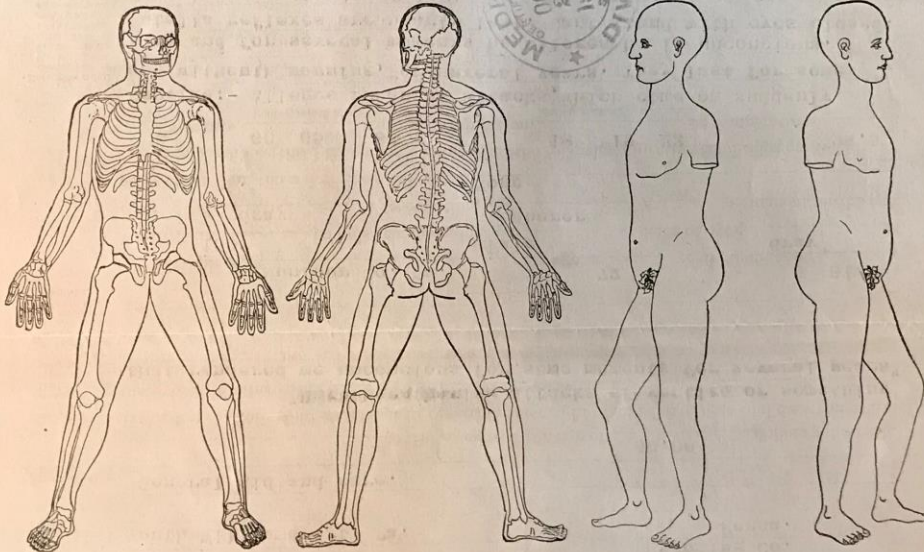
Post office, Williamsport

County, Lycoming

State, Penna.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

NOV 1 1924



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

U.S. DEPARTMENT OF THE ARMY  
 OFFICE OF THE SURGEON GENERAL  
 WASHINGTON, D.C.  
 JUN 28 1924

No. 76 Pension Blank  
 Henry Hall, Ind., Indiana, Pa.

# Physician's Affidavit

Take Notice.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be so stated.

State of Pennsylvania, County of Lycoming, SS.

In the Pension Claim No. Of. 1053, 669f William G. Moffatt

late of Co. G, 1st Battalion, 14th Regt. U. S. Infy.  
 (Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid County and State George L. Schneider, M.D. citizen of South Williamsport, Pa.

whose postoffice address is #16 West Market Square, Williamsport, Pa. well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:

That he is a practicing physician, and that he has been acquainted with said soldier for about twelve years, and that during most of that time he was under treatment by my father, Dr. Charles Schneider, for a chronic (Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before executing the paper.) catarrhal condition associated with a very low blood pressure causing him to have faint spells at times; In January 1924 after the death of Dr. Charles Schneider, to above applicant came to me for care, at which time I find him to be suffering from low blood pressure systolic 120 diastolic 50, and complaining of being dizzy and faint most of the time, so much so that he does not feel safe to be alone; he also complained at that time of a chronic catarrhal nose and throat disease, upon examination I find a

moderate anemia with hemoglobin of 60% which in the past ten months has not relieved under treatment, also that this man suffers from chronic atrophic caterrh of nasal and throat passages, also from a low blood pressure as above which does not change much under treatment, this accompanied with the anemia makes it very unwise for him to be alone as the apnoic seizures may come on any time.

I have asked this man to have an attendant with him at all times as I believe he needs same, he is not necessarily confined to the house, may take short walks but must have personal attendant with him, this condition was part of my fathers orders as I well remember. At Times he has been confined to bed with La Grippe or some cold as is the usual case with the aged.

NOTES.  
 The Physician's Affidavit must show the following facts: 1st. If the affiant has not known the soldier prior to enlistment, the length of time he has known him; how he has known him; and if he has known him since enlistment, he should state, adding, if true, that he has known him since enlistment. 2nd. If the affiant has known the soldier as a sound man at enlistment, he should so state, adding, if true, that he has known him since enlistment. 3rd. The date of the soldier's discharge, and the nature of his disability at that time, and the date of his first treatment, and the nature of that treatment, and the date of his last treatment, and the nature of that treatment, and the date of his last treatment, and the nature of that treatment. 4th. The extent of disease to which claimant has been unable to perform manual labor during the present time.

OFFICE OF THE COMMISSIONER  
OCT 28 1924  
U.S. DEPARTMENT OF JUSTICE

He further declares that he has been a practitioner of medicine for thirteen years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

*Dr Geo L. Schneider M.D.*

(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 27 day of October A. D. 1924 and I hereby certify that the affiant is a practicing physician in good professional standing: that the contents of the above declaration, etc., were fully made known to him before swearing, including the words

erased, and the words \_\_\_\_\_  
(L.S.) added, and that I have no interest, direct or indirect, in the prosecution of this claim.

*My commission expires Jan 15, 1925.*

*Edward A. Porter*

(Official Signature.)

*Notary Public*  
(Official Character.)

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing

\_\_\_\_\_ in and for said County and State duly commissioned and sworn; that all of his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and the seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

(L.S.)

Clerk of the \_\_\_\_\_

OFFICE OF THE COMMISSIONER  
OCT 28 1924  
U.S. DEPARTMENT OF JUSTICE

NOTE—This should be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If before a Justice or Notary, then Clerk of County Court must add his certificate of character hereon and not on a separate slip of paper.

Medical Evidence

AFFIDAVIT OF

George L. Schneider

CLAIM OF

William G. Mofett

G. I. Batt'n. 14 U. S. Inf.

No. Cert. 1053,669

FOR



State of Pennsylvania }  
County of Lycoming } ss:

Before me, the subscriber, a Notary Public in and for the county and State aforesaid, personally appeared Ella R. Moffett, aged 66 years, whose post office address is No. 26 East Southern Avenue, South Williamsport, Pennsylvania, who being duly sworn according to law doth depose and say:

That she is the wife of William G. Moffett, and as such wife cares for him and nurses and watches her said husband. That her said husband, in June, 1920, as he has had to do ever since, had to lie down a considerable portion of the time, and was getting up from the sofa when he fell over unconscious. Dr. Charles Schneider was immediately called. The doctor pronounced it low blood pressure, the cause of his fainting away, and said his blood pressure at that time was 110. The doctor told Mrs. Ella R. Moffett that her husband needed constant watching, and should never be left alone for any length of time; and this advice has been followed up to the present time, as she knows her husband's condition. He lies down a portion of each day, sometimes several hours at a time. It is unsafe to leave him alone. His condition is such that he requires regular attendance and attention, which she gives him. Dr. Charles Schneider, who was his attending physician, has now been dead several months. He is compelled to lie down when he feels these attacks coming.

Sworn to and subscribed before me this 27th day of October,

A. D. 1924.



*Albert A. Porter*  
Notary Public.

My commission expires Jan. 15, 1925.

*on appeal, Rev. Adams  
Nov 9-24*

Invalid Division

I. C. No. 1053,669  
William G. Moffatt  
G, 14th U. S. Infy.

*Amended Rev  
11-14-24*

AFFIDAVIT OF

ELIA F. MOFFETT





Invalid Division  
I. C. 1053,669  
William G. Moffett  
Co. G, 1 Battln.  
14 U. S. Inf.

November 26, 1924

Mr. William G. Moffett,  
26 East Southern Ave.,  
South Williamsport, Pa.

Sir:

Relative to your claim for increase under section two, act of May 1, 1920, filed September 22, 1924, I have to advise you that the certificate of your medical examination has been received and that further action in the claim awaits your compliance with the requirements as indicated in paragraph 2 of the accompanying circular letter, which were called for in a similar letter to you on September 29, 1924.

Respectfully,

*Washington Gardner*

KAC mgf

Commissioner.

IN REPLY REFER TO

Invalid Division  
I. C. 1053,669  
William G. Moffett  
Co. G, 1 Battln.  
14 U. S. Inf.

3-1865

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

November 26, 1924

*Quinton*  
*Med Div for Adv*  
*12-11-24*

Mr. William G. Moffett,  
26 East Southern Ave.,  
South Williamsport, Pa.



Sir:

Relative to your claim for increase under section two, act of May 1, 1920, filed September 22, 1924, I have to advise you that the certificate of your medical examination has been received and that further action in the claim awaits your compliance with the requirements as indicated in paragraph 2 of the accompanying circular letter, which were called for in a similar letter to you on September 29, 1924.

Respectfully,

*Washington Gardner*

KAG mgf

Commissioner.

This evidence was mailed sometime ago.

William G. Moffett

12/1/24

ACT OF MAY 1, 1920  
INCREASE

See Dec 17

Claimant William G. Moffett  
P. O. 26 East Southern Ave. Rank Private  
County South Williamsport Service Co. G, 1st Battalion;  
State Pennsylvania 14" U. S. Inf  
Rate, \$ 72 per month, commencing September 18, 1924

INVALID DIVISION

STATE REPRESENTATIVE. None

APPROVAL

Resubmitted for adm Dec 6, 1924 R. G. Austin  
Submitted for adm Oct 29, 1924 R. G. Austin Examiner.  
adm Nov 7, 1924 R. G. Austin

Approved for \_\_\_\_\_ Approved for \$72 from Sept. 18, 1924

INCREASE SECTION 2  
ACT OF MAY 1, 1920.

Not warranted from prior date.

11/7/24  
A.H.C. No Medical Examination

Sept. 29, 1924, Jos. M. Keeler Reviewer.  
\_\_\_\_\_, 192 \_\_\_\_\_ Rereviewer.

Jan 12, 1924, \_\_\_\_\_ Medical Examiner.  
Upham Medical Reviewer.  
E. J. Anthony Medical Referee.

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
Length of pensionable service \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.  
Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed Sept 22, 1924, 192 \_\_\_\_\_  
Claimant does \_\_\_\_\_ write.

Wm Edgar R. Kiese, M.O. H-4-R  
11.7.5